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APPLICANTS

Jeffrey Alan Leffler, Michigan City, IN;

*TV* \*\* CONTINUING DATA \*\*\*\*\* *N/A* \*\*\*\*\*

*TV* \*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

ADDRESS  
 32116  
 WOOD, PHILLIPS, KATZ, CLARK & MORTIMER  
 500 W. MADISON STREET  
 SUITE 3800  
 CHICAGO, IL  
 60661

TITLE  
 Wheelchair and leg support accessory

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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